

## TCM CONVERSION

### Attention: TCM PROVIDERS

In the July/October 2003 Alabama Medicaid Provider Manual, Medicaid included a crosswalk of the local codes (Z codes) to the new national codes (HCPCS) for HIPAA compliance. However, prior to the system conversion for HIPAA, Medicaid changed the five procedure codes as indicated below:

Z5213 was changed from G9008-U3 to G9005-U3  
Z5214 was changed from G9008-U3 to G9002-U3  
Z5219 was changed from G9008-U6 to G9012-U6  
Z5296 was changed from G9008-U3 to G9006-U3  
Z5342 was changed from G9008 to G9008-U5

If on December 11, 2003, you had an approved prior authorization for the Z code that spanned 2003 and 2004 dates of service, Medicaid end dated the Z code for 12/31/03 and added the G code for 01/01/04 forward. This conversion was done automatically.

If you received a prior authorization AFTER the December 11, 2003, conversion, then those prior authorizations were not converted. Medicaid has identified several prior authorizations for Z codes spanning 2003 and 2004 that were authorized AFTER the conversion. Medicaid is correcting these records to add the applicable G code for the 2004 dates of service. No action is needed from you for these corrections. We will notify you as soon as the corrections have been completed so you may file your claims.

**However, if you requested and received a prior authorization for the G codes identified above and it is not the correct code, then you must complete the attached change request form and submit to EDS, PO Box 244032, Montgomery, AL 36124-4032 so the records can be updated. Medicaid cannot internally correct these records.**

Also attached is the correct crosswalk for the procedure code and diagnosis codes for TCM.

Please accept our sincere apologies for the confusion and extra work these changes have caused. If you have any questions concerning the above, please feel free to contact Linda Hedderig at (334) 215-4112.

February 13, 2004

# TCM PROCEDURE / DIAGNOSIS HIPAA CROSSWALK

Old Code thru 12/31/03	Diagnosis Code for Old Code	New Code effective 01/01/04	Diagnosis Code for New Code	Old Code thru 12/31/03	Diagnosis Code for Old Code	New Code effective 01/01/04	Diagnosis Code for New Code
Z5186	V220 – V242 V270 – V289 V3100 – V3900 630 – 632 63300 – 63391 63400 – 63792 6380 – 6399 64000 – 64193 64200 – 64294 64300 – 64393 64400 – 64421 64510 – 64603 64610 – 64624 64630 – 64631 64640 – 64664 64670 – 64673 64680 – 64684 64690 – 64693 64700 – 64894 65100 – 65393 65400 – 65494 65500 – 66393 66400 – 67694	G9008-HD  G9008-U2  G9008-U1	V220 – V242 V270 – V289 V3100 – V3900 630 – 632 63300 – 63391 63400 – 63792 6380 – 6399 64000 – 64193 64200 – 64294 64300 – 64393 64400 – 64421 64510 – 64603 64610 – 64624 64630 – 64631 64640 – 64664 64670 – 64673 64680 – 64684 64690 – 64693 64700 – 64894 65100 – 65393 65400 – 65494 65500 – 66393 66400 – 67694	Z5188 (cont.)	3133 – 3133 31381 – 31383 31389 – 31389 3139 – 3139 31400 – 31401 3141 – 3142 3148 – 3149 31500 – 31502 31509 – 31509 3151 – 3152 31531 – 31532 31539 – 3155 3158 – 3159 316 – 316		
Z5187	317 – 319		317 – 319	Z5213 Z5214 Z5215 Z5216 Z5217 Z5218 Z5219 Z5296 Z5342 Z5378 Z5413 Z5449	V6149 V6149 V6149 V6149 V6149 V6129 042 V6149 As Appropriate V6149 V6149 V6149	G9005-U3 G9002-U3 G9008-U3 G9008-U3 G9008-U3 T2023-U4 G9012-U6 G9006-U3 G9008-U5 T2023-U7 G9008-U8 G9008-U8	319 3009 78199 780 7429 2999 042 - 07953 3159 V550 797 V638 V722
Z5188	2900 – 2900 2930 – 3020 3060 – 3064 30650 – 30653 30659 – 30659 3067 – 3069 3070 – 3071 30720 – 30723 3073 – 3073 30740 – 30749 30750 – 30754 30759 – 30759 3076 – 3077 30780 – 30781 30789 – 30789 3079 – 3079 3080 – 3084 3089 – 3089 3090 – 3091 30921 – 30924 30928 – 30929 3093 – 3094 30981 – 30983 30989 – 30989 3099 – 3099 3100 – 3102 3108 – 3109 311 – 311 31200 – 31223 31230 – 31235 31239 – 31239 3124 – 3124 31281 – 31282 31289 – 31289 3130 – 3131 31321 – 31323		29500 – 29595 29600 – 29666 2967 – 2967 29680 – 29699 2970 – 2989 29900 – 29991 30000 – 30029 3003 – 3007 30081 – 30089 3009 – 3010 30110 – 30113 30120 – 30122 3013 – 3014 30150 – 30159 3016 – 3017 30181 – 30189 3019 - 3019				

**TARGETED CASE MANAGEMENT**  
**PRIOR AUTHORIZATION CHANGE REQUEST FORM**  
Specifically for corrections of transition from "Z" to "G" codes

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<b>Prior Authorization Number to be Updated</b>	
<b>Performing Provider Number</b>	
<b>Provider Name</b>	
<b>Recipient Medicaid ID Number</b>	
<b>Recipient Name</b>	

Action	Start Date CCYYMMDD	Stop Date CCYYMMDD		Procedure Code	Modifier		

ACTION Codes:

- E = Enter the existing detail that you wish to update.
- C = Enter the correct G code.

Certification statement: This is to certify that the requested service, equipment or supply is medically necessary and is reasonable for the treatment of this patient. This form and any statement on my letter head attached hereto has been completed by me, or by my employee reviewed by me. The foregoing information is true accurate, and complete, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Signature of Requesting Provider \_\_\_\_\_ Date \_\_\_\_\_

FORWARD TO: EDS, P.O. Box 244032, Montgomery, AL 36124-4032

If this form needs to be returned to me for correction, return to:

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_

Form XXX

Alabama Medicaid Agency



P.O. Box 241685  
Montgomery AL 36124-1685